



140 Lameuse Street
P. O. Box 429
Biloxi, MS 39533
Office: 228.435.6254
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Email: publicrecords@biloxi.ms.us
www.biloxi.ms.us

REQUEST TO INSPECT, COPY OR REPRODUCE PUBLIC RECORDS

(Please Print or Type)

TODAY'S DATE: 4/9/19

PHONE: (228) 861-5989

PERSON REQUESTING: Anita Lee

FAX: _____

EMAIL ADDRESS: calee@sunherald.com

MAILING ADDRESS: 205 DeBuys Road, Gulfport, MS 39507

NAME OF BUSINESS (If Applicable): Sun Herald

If Attorney/Insurance Co. Making Request, Client's Name: _____

SUBJECT MATTER: Terms of January settlement with Torrence Hatch Jr. in lawsuit filed against city, Dillard's et al., including but not limited to the amount the city agreed to pay Hatch.

(Any request shall be clear and concise and shall be directed toward only one subject matter)

MANNER OF COMPLIANCE:
☐ Personally Inspect
☐ Personally Copy
☐ Photocopy of Document

MANNER OF DELIVERY:
☐ By Mail to Address Above
☐ To Pick Up In Person
☐ Fax if Possible
☒ Email if Possible

For further information regarding this form and the City's Public Records Policy, please see the following code Sections: Chapter 2, Article IX. Public Records, Code of Ordinances of the City of Biloxi, and Section 25-61-1 et. seq. of the Mississippi Code of 1972, as amended. A copy of these Code Sections is available for review upon request.

I understand that the actual cost of compliance with my request, if granted, shall be borne by me, including mailing cost if applicable. Actual cost of compliance with my request, if granted shall be paid by me in advance of the receipt of any information.


SIGNATURE OF PERSON REQUESTING RECORDS

SIGN HERE

DO NOT WRITE BELOW THIS LINE

REQUEST IS DIRECTED TO: Municipal Clerk/Deputy Municipal Clerk - City Hall, Second Floor

ESTIMATE OF COST:	Copies	_____	@ .35¢ each	= \$ _____
	Research	_____	@ \$5.00 each	= \$ _____
	Computer Time	_____	@ \$50.00/hour	= \$ _____
	Accident Report*	_____	@ \$15.00 each	= \$ _____
	Other Cost	_____		= \$ _____
	Total Estimate			\$ _____

*Include an Affidavit of Authorized Person if requesting an accident report

Receipt # _____ Total Amount Paid \$ _____

REQUEST APPROVED: _____ REQUEST DENIED: _____

SIGNATURE: _____ DATE: _____
Municipal Clerk/Deputy Municipal Clerk

DATE OF COMPLIANCE: _____ DEPARTMENT: _____